



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

SPEND DOWN NOTIFICATION

FROM	FSD OFFICE	TELEPHONE NUMBER	DATE
	- -		
	COUNTY OFFICE ADDRESS (STREET)		
	(CITY, STATE, ZIP CODE)		
TO	NAME		
	ADDRESS (STREET)		
	(CITY, STATE, ZIP CODE)		
RE	CASE NAME	ELIGIBLE SPOUSE	
	DCN	DCN	

Dear _____:

You recently requested MO HealthNet services. Since your income is over the regular MO HealthNet limit, your eligibility must be based on a "spend down." Spend down is like a deductible on insurance policies, in that you or your spouse must be charged for medical care up to a certain dollar amount before you can become eligible for MO HealthNet. In order to receive continuous MO HealthNet coverage, you can pay your spend down each month, like you would a health insurance premium, to: Premium Payment (Spend down), P O Box 808001, Kansas City, MO 64180-8001. Please see the enclosed pamphlet for additional information.

Based on your income, your "spend down" amount is listed below. You have provided proof of countable medical expenses for the following months but you have **NOT** met your spend down:

MONTH	SPEND DOWN AMOUNT	COUNTABLE MEDICAL COSTS PROVIDED (total)	AMOUNT OF SPENDDOWN EXPENSE REMAINING FOR THE MONTH

You and/or your spouse must have medical care costs in the month that equal or exceed the spend down amount. The medical cost MO HealthNet allows is limited to the portion of your bills that you are responsible for paying after all third party insurance payments are deducted. MO HealthNet begins counting costs on the first day of the month and adds your medical costs for each day. When the total costs that you are responsible for paying equal to or exceed your spend down amount, you have "met spend down" for the remainder of the month.

If you meet all other eligibility requirements for MO HealthNet, your coverage begins the day you meet spend down and continues through the last day of the month.

Please provide copies of your paid and unpaid medical receipts, doctor bills, prescription charges, itemized hospital charges, and other medical care costs to your local FSD office. An Eligibility Specialist will determine which expenses can be used to meet your spend down. If you are a Qualified Medicare Beneficiary (QMB) recipient, co-pays or fees exceeding covered Medicare expenses cannot be used to meet your spend down.

Please see the back of this letter for additional information regarding your eligibility.

You have provided medical expenses that meet your spend down for the months listed below. You (and your spouse if listed on the front of this letter) are eligible for MO HealthNet from the start date listed through the end of that month. MO HealthNet will not pay for any bills or portion of bills that go toward your spend down amount. At least part of your spend down amount has been met on the date your MO HealthNet started. The portion of your spend down amount that was met on your MO HealthNet Start Date will be deducted from bills your provider sends to MO HealthNet Division for that date.

MONTH	MO HEALTHNET START DATE	MONTHLY SPEND DOWN	YOU ARE RESPONSIBLE FOR THE FOLLOWING AMOUNT ON YOUR MO HEALTHNET START DATE

The following bills were not used to meet spend down:

MONTH	DATE OF BILL	REASON

If you believe you have bills that have not been considered, please provide them to your FSD local office.

The legal reason for this decision is found in 42 CFR 435.121; 42 CFR 435.121 (f) (1) (iii) and 13 CSR 70-4.100. If you do not agree with this decision, you have the right to ask for a hearing within 90 days of the date of this letter. If you are currently receiving benefits and we received your request for a hearing within ten days of the date of the mailing of this notice, the action will not be taken until the state hearing is decided. If you lose your hearing, you may have to pay back benefits that you were not eligible to receive.

To request a hearing, call the local Family Support Division office. If you request a hearing, we will schedule it for you and notify you of the time of the hearing. At the hearing, you may present your information yourself or may ask anyone else to assist you. You have the right to present witnesses on your behalf and to question witnesses who appear at the request of the Family Support Division. To see if you can get free legal services call: ____ - ____ - ____.

If your situation changes, it is your responsibility under the law to report these changes at once to your local Family Support Division office. The law provides penalties for any persons who receive benefits to which they are not entitled through misrepresenting the facts or not reporting full information about their situation. If you have questions concerning your spend down or MO HealthNet application, call me at the telephone number listed below.

ELIGIBILITY SPECIALIST	LOAD	TELEPHONE NUMBER - -
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